



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE
COVER PAGE**

FILED
09 FEB 23 AM 10:03

CASSIUS J. JACOBSON
MACQUINN COUNTY CLERK
MACQUINN COUNTY, MICHIGAN

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Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: <u>1</u> / <u>1</u> / <u>07</u> to <u>12</u> / <u>31</u> / <u>07</u> Mo Day Year Mo Day Year					
1. Committee I.D. Number <u>36866</u> 2. Committee Name <u>CTE CHARLES HORTON</u>	4. Candidate Last Name <u>HORTON</u> First Name <u>CHARLES</u> M.I. <u>D</u> 4a. Office Sought Including District # or Community Served (If applicable) 4b. County of Residence				
5. Committee's Mailing Address <u>510 LBY TWP</u> <u>8511 SPEEDWAY 48317</u> Area Code and Phone <u>586 255 7573</u> <small>If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.</small>	6. Treasurer's Name & Residential Address <u>SAME</u> Area Code & Phone () - ()				
7. Treasurer's Business Address <u>SAME</u> Area Code and Phone () - ()	8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) Area Code and Phone () - ()				
9. TYPE OF STATEMENT 9a. <input type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> School <input type="checkbox"/> Special <input type="checkbox"/> Caucus Date of Election, Convention or Caucus Month Day Year	9c. <input checked="" type="checkbox"/> Annual Statement (<u>2007</u> Coverage Year) 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) 9e. <input type="checkbox"/> Dissolution of Candidate Committee Effective Date of Dissolution Month Day Year By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.				
<small>A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in Items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.</small>					
10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.					
<table style="width:100%;"> <tr> <td style="width:60%;"> Current Treasurer or Designated Record keeper <u>CHARLES D HORTON</u> Type or Print Name Signature </td> <td style="width:40%;"> Date <u>2 23 09</u> Mo Day Year </td> </tr> <tr> <td> Candidate <u>CHARLES D HORTON</u> Type or Print Name Signature </td> <td> Date <u>2 23 09</u> Mo Day Year </td> </tr> </table>		Current Treasurer or Designated Record keeper <u>CHARLES D HORTON</u> Type or Print Name Signature	Date <u>2 23 09</u> Mo Day Year	Candidate <u>CHARLES D HORTON</u> Type or Print Name Signature	Date <u>2 23 09</u> Mo Day Year
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Candidate <u>CHARLES D HORTON</u> Type or Print Name Signature	Date <u>2 23 09</u> Mo Day Year				



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**SUMMARY PAGE
CANDIDATE COMMITTEE**

1. Committee I.D. Number

136866

2. Committee Name

CTE Charles HORTON

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ _____	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ _____	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ _____	(20.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ _____	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ _____	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ _____	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ _____	(23.) \$ _____
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ _____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ _____	(24.) \$ _____
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ _____	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ _____	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ _____	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ _____	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ _____	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ _____ *	